350478

# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

UNIFORM LIMITED OFFERING EXEMPTION

NOTICE OF SALE OF SECURITY PURSUANT TO REGULATION E **SECTION 4(6), AND/OR** 

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response ... 16.00

OMB APPROVAL

SEC USI	ONLY
Prefix	Serial
	1
DATE RE	CEIVED

Name of Offering ( check if this is an a	mendment and name has changed, and in	dicate char	nge.)		
Series A Preferred Stock					10 H3 4 H1 H 2411 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule	506	Section 4(6)	ULOE	[4]
Type of Filing: New Filing	Amendment				
				1/1	
	A. BASIC IDEN	TIFICATI	ON DATA		06021970
1. Enter the information requested abou	it the issuer				
Name of Issuer ( check if this is an arr	endment and name has changed, and indi	cate change	e.)		
Associated Content Inc.					
Address of Executive Offices	(Number and Street, Ci	ty, State, Z	(ip Code)	Telephone Nu	mber (Including Area Code)
88 Steele St, #250, Denver, CO 80206				(720) 214-100	0
Address of Principal Business Operations	(Number and Street, Ci	ty, State, Z	(ip Code)	Telephone Nu	mber (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business					
Associated Content is a web and wireless	content publisher and provider. The C	Company i	s developing pro	prietary publishi	ng technologies and
organically building a collection of talent	ed multi-media Content Producers that	use the te	chnologies to pr	oduce text, voice	and video content.
Type of Business Organization					
oorporation	limited partnership, already formed		oth	er (please specify	):
☐ business trust	limited partnership, to be formed				
<del> </del>		Month	Year		
Actual or Estimated Date of Incorporation of	or Organization:	12	03		☐ Estimated
Jurisdiction of Incorporation or Organization	n: (Enter two-letter U.S. Postal Service a	bbreviation	n for State:		
	CN for Canada; FN for other forei	gn jurisdict	tion)	DE	

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

## 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	⊠ Bene	ficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		T. 1. 5. 1				N-T' 1		
Beatty, Luke	individual)								
Business or Residence Addres			ate, Zip Code)						
1468 South Washington Stre			£-:-10		Eti Off	1521	D:		Consolination Manager De A
Check Box(es) that Apply: Full Name (Last name first, if	Promoter	⊠ Bene	ficial Owner	<u> </u>	Executive Officer		Director	<u> </u>	General and/or Managing Partner
Armstrong, Tim	marviduar)								
Business or Residence Addres		reet, City, St	ate, Zip Code)						
222 Riverside Ave., Riversid		[] N	6.110	-	F	<u> </u>	D'and	-	C11/
Check Box(es) that Apply: Full Name (Last name first, if	Promoter	☐ Bene	ficial Owner		Executive Officer	$\boxtimes$	Director	<u> </u>	General and/or Managing Partner
Conway, Ronald	individual)								
Business or Residence Address			ate, Zip Code)						
2000 Washington St. #3, San						K***		-	
Check Box(es) that Apply:	Promoter	Bene	ficial Owner	<u>Ш</u>	Executive Officer	Ø	Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first, if LeFurgy, Rich	individual)								
Business or Residence Address	s (Number and St	reet, City, St	ate, Zip Code)			- At		<del></del>	, E
980 Lovell Avenue, Mill Val			,,			**			į.
Check Box(es) that Apply:	Promoter	Bene	ficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Armstrong, Donald Business or Residence Addres	oc Number and St	reet City St	ate Zin Code)	··-			· · · · ·		
56 Seminole Road, Acton, 1		icci, City, Si	ate, Zip Code)						
Check Box(es) that Apply:	Promoter	Bene	ficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Abruzzo, Craig			~ ~ ~					<u> </u>	10.51
Business or Residence Addres 461 Second Street, Apt 316			ate, Zip Code)						
Check Box(es) that Apply:	Promoter		ficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Hippeau, Eric									
Business or Residence Address Softbank Capital, 461 Fifth									
Check Box(es) that Apply:	Promoter		ficial Owner		Executive Officer	X	Director	$\neg \neg$	General and/or Managing Partner
Full Name (Last name first, if									3.8
Perlis, Michael					···				
Business or Residence Addres									
Softbank Capital, 461 Fifth Check Box(es) that Apply:.	Promoter		ficial Owner	$\neg$	Executive Officer	П	Director		General and/or Managing Partner
Full Name (Last name first, if		Delice	Ticial Owner		Executive Officer		Director		Ocheral and or Managing Farther
Business or Residence Addres	ss (Number and St	reet, City, St	ate, Zip Code)						
Check Box(es) that Apply:	Promoter	Rene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if		Dene	Ticial Owner	<u> </u>	Executive Officer		Director	بيا	General and or Islandging Farmer
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Business or Residence Address	ss (Number and St	reet, City, St	ate, Zip Code)						, 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10
Check Box(es) that Apply:	Promoter	☐ Bene	ficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	ss (Number and St	reet, City, St	ate, Zip Code)						
- Introduction of the state of									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORI	MATION	ABOUT (	FFERIN	$\mathbf{G} = \{$				
1.	Has the issue	r sold, or do	es the issuer	intend to se	ell, to non-ac	credited inv	estors in th	is offering?.				Yes	No ⊠
	Answer also in Appendix, Column 2, if filing under ULOE.												_
2.												\$N/	A
											,	Yes	No
3.	Does the offeri	ng permit joir	nt ownership o	of a single uni	t?		••••••			••••••			$\boxtimes$
4.	Enter the infor commission or offering. If a and/or with a s associated pers	similar remu person to be state or states	ineration for s listed is an as , list the name	solicitation of sociated person of the broke	f purchasers on or agent our or or dealer.	in connection f a broker or If more than	with sales of dealer regist five (5) perso	of securities in ered with the ons to be liste	n the SEC ed are				
Full N/A	Name (Last na	me first, if i	ndividual)			· · ·							
	ness or Reside	nce Address	(Number an	d Street, Ci	ty, State, Zi	p Code)		11-41-8				<del></del>	
Nam	e of Associate	d Broker or	Dealer	-									
State	s in Which Pe	rson Listed l	Has Solicited	l or Intends	to Solicit Pu	ırchasers						· · · · · · · · · · · · · · · · · · ·	
÷	(Check "All St	tates" or check	k individual S	tates)								All Sta	ites
[AL] [IL] [MT [RI]	[IN]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[IC] [M] [P]	O] A]
Full	Name (Last na	me first, if i	ndividual)										
Busi	ness or Reside	nce Address	(Number ar	d Street, Ci	ty, State, Zi	p Code)							
Nam	e of Associate	d Broker or	Dealer			<del></del>							
State	es in Which Pe	rson Listed l	Has Solicited	or Intends	to Solicit Pu	ırchasers						-	
	(Check "All St	tates" or chec	k individual S	tates)		••••••••••						All St	ates
[AL] [IL] [MT [RI]	[IN] ] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[IC [M [P <i>I</i> [PI	O] A]
Full	Name (Last na	me first, if i	ndividual)										
Busi	ness or Reside	nce Address	(Number ar	d Street, Ci	ty, State, Zi	p Code)			······································				
Nam	e of Associate	d Broker or	Dealer							·			
State	es in Which Pe	rson Listed	Has Solicited	or Intends	to Solicit Pu	ırchasers	<del> </del>						
	(Check "All S	tates" or chec	k individual S	tates)								All St	ates
[AL] [IL] [MT [RI]	[IN]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[][ [M] [P]	O] A]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt ..... Equity..... \$ 4,650,000 4,650,000 ☐ Common □ Preferred Convertible Securities (including warrants)..... Partnership Interests..... Other (Specify \_\_\_\_\_\_)..... Total..... \$ 4,650,000 \$ 4,650,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases Accredited Investors 4,650,000 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505..... Regulation A.... Rule 504..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... **□**\$ Printing and Engraving Costs Legal Fees..... **⊠**\$ 100,000 Accounting Fees □\$\_\_\_\_\_ Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) □\$\_\_\_\_ ⊠\$ 100,000 Total.....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	PRICE, NUMBER OF INVESTORS, EXPENSES A		DS.
Question 1 and total expenses f	urnished in response to Part C - Question 4.a. This difference		\$ 4,550,000
used for each of the purposes sl estimate and check the box to t	hown. If the amount for any purpose is not known, furnish an the left of the estimate. The total of the payments listed must	<b>.</b> :	
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		🔲\$	□\$
Purchase of real estate		🗆 🖺 🖫 🔣	<b></b>
			□\$
Construction or leasing of plant	buildings and facilities	🔲\$	<b></b>
offering that may be used in e	exchange for the assets or securities of another	<b>□\$</b>	s
Repayment of indebtedness		⊠\$ <u>27,684</u>	<b></b>
Working capital		🗆\$	\$\sum_{\\$4,522,316}     \$    \$     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$    \$     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$    \$     \$
Other (specify):		_	
		_ □\$	□\$
		_ □\$	<b></b>
Column Totals		🗆 🖺 \$	□\$
Total Payments Listed (column	e below the amount of the adjusted gross proceeds to the issuer used or proposed to be or each of the purposes shown. If the amount for any purpose is not known, furnish an te and check the box to the left of the estimate. The total of the payments listed must he adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b.  Payments to Officers, Directors, & Payments and fees	550,000	
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice signature constitutes an undertaking b	to be signed by the undersigned duly authorized person. If this y the issuer to furnish to the U.S. Securities and Exchange Com	s notice is filed under Rule nmission, upon written requ	505, the following
Issuer (Print or Type)	Signature	1 _ 1	
Associated Content Inc.  Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Luke Beatty			

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

K.A.		E. STATE SIGNA	ATURE		
1.	Is any party described in 17 CFR 230.252 provisions of such rule?		qualification	Yes	No ⊠
		See Appendix, Column 5, for	state response.		
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required	•	rator of any state in which this notice is filed, a	notice on Forr	m D
3.	The undersigned issuer hereby undertak issuer to offerees.	es to furnish to the state adn	ninistrators, upon written request, information	furnished by	the
4.	•	the state in which this notice	conditions that must be satisfied to be entitle is filed and understands that the issuer claiming been satisfied.		
	issuer has read this notification and knows authorized person.	the contents to be true and has de	uly caused this notice to be signed on its behalf	by the undersig	gned
Issu	er (Print or Type)	Signature /	Date		
Asso	ociated Content Inc.		1/13/06		
Nan	ne (Print or Type)	Title (Print or Type)	•		

# Instruction:

Luke Beatty

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

an digital dig				APPI	ENDIX	a in the state of			
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
CT		X	Series A Preferred Stock \$1,650,000	1	\$1,650,000	0	\$0	*	X
DE									
DC									
FL								-	
GA									
НІ									
ID									<u> </u>
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
МА		X	Series A Preferred Stock \$3,000,000	1	\$3,000,000	0	\$0		X
MI									
MN									

				APPE	NDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS									
МО									
МТ									
NE									
NV									
NH									
NJ		1			÷				h.
NM									
NY									
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT			<u> </u>						
VA									
WA									
WV									
WI									

1	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pure	nvestor and chased in State C-Item 2)	under Sta (if yes explan waiver	ification ate ULOE, attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WY									
PR									

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